				ISION OF HEALTH - STANDARD CERTIFICATE OF DEATH	<u>-62-020901</u>
DO NOT WRITE		MENDED	PU 6	Registration District No	5016 STATE FILE NUMBER
VS 300		<u> </u>	_[	a. COUNTY	(Where deceased lived. If institution: Residence before b. COUNTY St. Louis admission)
Rev. 4/59	AMENDED			b. CITY (If outside corporate limits, give TOWNSHIP only)  Length of stay in 1b  C. CITY  OR	Inside Limits
1 240382	DATE AN			c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MISSOURI BAOTIST  TOWN Roc  A STREET ADDRESS Yes P'No U 416 Haze	(If cutside, give location) Reside on Far
3	O e		<del> </del>		4. DATE Month Day Year OF DEATH May 16 1962
. 4 /					9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 Months Days Hours M
6 2	SW.			10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Cit dyring most of working life, even if retired)	y and state or country) 12. CITIZEN OF WHAT COUNTR
7 /	FOLLOW			Henry Haacker Kate (arle	14. NAME OF HUSBAND OR WIFE Henry Rimat
9	S S			15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, No, or unknown) (If yes, give war or dates of service)  (Yes, No) (If yes, give war or dates of service)  (Yes, No) (If yes, give war or dates of service)  (Yes, No) (If yes, give war or dates of service)  (Yes, No) (If yes, give war or dates of service)	Rimat 416 Hazelgreen
10	CORD ARE		DOCUMENT	18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Cenebral and Pulmonan	Embolism, INTERVAL BETWEE
$\frac{11}{1268-0}$	풀		DOC	Conditions, if any, which gave rise to DUE TO (b) Denualized Carci	noma tosis,
13	<u>-</u>			above cause (a), stating the under-lying cause last.  DUE TO (c) Carcinoma Bre	<del></del>
68	NO SI			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to st disease condition given in PART I (a)  170 ×  19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (I)  PERFORMED?	PART III. If deceased was female there a pregnancy in last 90 c
	AMENDMENTS			19. WAS AUTOPSY 20. ACCIDENT SUICIDE HOMICIDE 20. DESCRIBE HOW INJURY OCCURRED. (I	Enter nature of injury in PART I or PART II of item 18.)
C INK RIBBON	AME		JEDICA!	20c. TIME OF Hour Month, Day, Year NJURY a.m. p.m.	
_			١	20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, hortwise and hortwise home, street, office bidg., etc.)	OCATION COUNTY STATE
USE BLAC OR TYPEWRITER	D READ				ast saw there alive on 3/6-62.  I to the best of my knowledge, from the causes stated.
USE	SHOULD		11 OF	220 SIGNATURE (Degree or title) 22b. ADDRESS 453 N.	Taylon, 5/17/6
	. Q	<del>                                     </del>	BY AFFIDAVIT	Removal (Specify) Bunial May 19, 1962 Sunset Bunial Park	. LOCATION (City, town, or county) (State) 0180 Gravois Aflton. Mo.
	ITEM		βΫ́Α	24. FUNERAMITTELBERG - GERBER  COLONIAL CHAPEL  25. DATE RECD. BY LOCAL REG.  MAY 17 1962	26. REGISTRAR'S AIGNAYARE THE M. M. D.

## STATEMENT BY LICENSED EMBALMER

or by	, Student Embalmer No
working under my personal supervision.	
Student	Signed Yours /laske
Signature of Student Embalmer	
	Licensed Embalmer No. 4596
•	P. O. Address St Jours Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply

with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

11.